California Alpine Club
Health Screening Form

Have you tested positive for COVID-19 in the PAST 14 DAYS?	YES	NO
Have you experienced any of the following symptoms of COVID-19 symptoms in the PAST 14 days: • New cough • New fever at or above 100.4 degrees • Chills and repeated shaking • New shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore throat • Runny nose or new sinus congestion • Nausea or vomiting • GI symptoms	☐	☐
Have you been close contact* with anyone who has exhibited any symptoms of COVID-19 in the past 14 days or has tested positive in the past 14 days. *Close contact is defined as being within 6 feet for more than 10 consecutive minutes.	☐	☐
Have you cared for someone who is or presumed positive with COVID-19 in the past 14 days?	☐	☐
Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the Lodge or participating in a CAC activity? If 'Yes' please provide a brief explanation:	☐	☐

I attest that the foregoing information is true and correct.

NAME: _____ DATE:_____

SIGNATURE: _____

Ver. 1 06/30/2020